

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. 150Registered No. 98

## 1. PLACE OF BIRTH

County GilaState Arizona

Township \_\_\_\_\_

or Village \_\_\_\_\_

City Hayden

No. \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

St. \_\_\_\_\_ Ward \_\_\_\_\_

If child is not yet named, make supplemental report, as directed

## 2. Full name of child

Ygnacio Romero

3. Sex

MaleIf plural  
births

4. Twin, triplet, or other \_\_\_\_\_

5. Number, in order of birth \_\_\_\_\_

6. Premature \_\_\_\_\_

Full term Y

7. Legiti-

mate? \_\_\_\_\_

8. Date of birth Nov 18th, 1930

(Month, day, year)

9. Full  
name

FATHER

Jose Romero18. Full  
maiden  
name

MOTHER

Carmen Sierras

10. Residence (usual place of abode)

(If nonresident, give place and State) Hayden, Arizona

19. Residence (usual place of abode)

(If nonresident, give place and State) Hayden, Arizona

11. Color or race

Mexican12. Age at last birthday 30 (Years)

20. Color or race

Mexican21. Age at last birthday 29 (Years)

13. Birthplace (city or place)

La Colorado

(State or country)

Sonora, Mexico

22. Birthplace (city or place)

Tucson

(State or country)

Arizona

OCCUPATION

14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Laborer15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc.Copper Smelter16. Date (month and year) last  
engaged in this workNov 17th, 193017. Total time (years)  
spent in this work 7

OCCUPATION

23. Trade, profession, or particular kind  
of work done, as housekeeper,  
typist, nurse, clerk, etc.Housekeeper24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.25. Date (month and year)  
last engaged in this work

, 19\_\_\_\_

26. Total time (years)  
spent in this work \_\_\_\_\_

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_28. If stillborn,  
period of gestation \_\_\_\_\_{ months  
or weeks

29. Cause of stillbirth \_\_\_\_\_

Before labor \_\_\_\_\_

During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

born aliveat 9.40 P.m. on the date above stated

(Born alive or stillborn)

{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.(Signed) Jose Romero, M.D.

or \_\_\_\_\_ Father \_\_\_\_\_ Midwife \_\_\_\_\_

Address \_\_\_\_\_

Filed 11-21, 1930

Registrar.

Registrar.

896-1118-322